Certificate	o∙f.	140	iline

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Guy Beardsley

Printed name of person mailing correspondence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)			
Attorney Docket Number	00383/052002		
Applicant	Philip Leder and Benjamin Leader		
Title	FORMIN-2 NUCLEIC ACIDS AND POLYPEPTIDES AND USES THEREOF		
PRIORITY INFORMATION:			
This application claims benefit fror 2001 (now pending), hereby incorp		on serial no. 60/196,811, filed April 13,	
SMALL ENTITY STATUS:			
☑ Applicant claims small entity sta	tus under 37 C.F.R. § 1.27.		
APPLICATION ELEMENTS:			
Cover sheet		1 page	
Specification		44 pages	
Claims		1 page	
Abstract		1 page	
Drawing		122 sheets	
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		2 pages	
Sequence Statement		[**] pages	
Sequence Listing on Paper		[**] pages	
Sequence Listing on Diskette		[**] disk	
Small Entity Statement, which is: □ A copy from prior application [**; such small entity status is still prop		[**] pages	

Preliminary Amendment	[**] pages	
IDS	[**] pages	
Form PTO 1449	[**] pages	
Cited References	[**] references	
Recordation Form Cover Sheet and Assignment	[**] pages	
English Translation	[**] pages	
Certified Copy of Priority Document	[**] pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee:\$355	\$355.00	
Excess Claims Fee: 6 - 20 x \$9	\$****	
Excess Independent Claims Fee: 4 - 3 x \$40	\$40.00	
Multiple Dependent Claims Fee: \$270/\$135	\$****	
Total Fees:	\$395.00	

- ☑ Enclosed is a check for \$395.00 to cover the total fees.
- $\hfill\Box$ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- ☑ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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Telephone: 617-428-0200 Facsimile: 617-428-7045

April 17, 200,

CUSTOMER NO: 21559

Signature

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